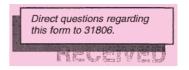
OG-2805 PINK Rev. 10/01

Michigan Department of Education OFFICE OF BUDGET, CONTRACTS AND GRANTS



GRANT OFFICE USE ONLY
Notification to ITS:
Initials:

GRANT AWARD APPROVAL FORM

NOV 1 8 2005

CHIEF ACADEMIC OFFICER

1. Official Name of Grant Program:		Date of SBE	Date of SBE approval of grant criteria 8/8/02		
2005 - 06 Supplemental Educational Service Providers (years) (title)		□Initial ((type)	⊠ Amendment	☐Continuation	
Legislation Authorizing this Grant Program:					
☐ Federal Grant CFDA Number ☐ State Grant			Other (Private, Foundation)		
Type and Purpose of Grant Program: (check one) Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.			□Competitive □Formula □Other Approval of Providers (specify)		
3. SBE Priorities and Policies that this Grant Pr	ogram Supports: (check all that apply)	•			
<u>Priorities</u> <u>Policies</u>			☐Other		
☑Integrating Communities and Schools	☐Bullying	L	10 a 10		
☐Elevating Educational Leadership	☐Character Education		(specify)		
☑Embracing the Information Age	☑Creating Effective Learning Environments		(0,000),		
Ensuring Early Childhood Literacy	☐Family Involvement				
☐Ensuring Excellent Educators	☐Safe Schools				
5. Target Population to be Served by Grant: Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three or more consecutive years. 6. Total Funds Awarded: Not Applicable					
7. Eligible Applicants: Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.					
8. Description of Priorities Given to Any Specific Population or Location: If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.					
9. Grant Administration: Office Unit Office of School Improvement Field Service	es <u>Contact</u> Linda Brown		Phone 517-373-3921		

10. OFFICE	/ / -
Office Director Approval Signature:	Date: 1/14/05
Phone: Comments:	/ /
44 PUDCET OFFICE	
11. BUDGET OFFICE Budget Office Approval Signature:	
Budget Office Approval Signature:	Date:
Comments:	
12. GRANTS OFFICE	
	Date: 11/15/05
Grants Office Approval Signature: May b Charles	Date: 1//3/03
Comments:	
Exhibits B and C not requires	1.
13. DEPUTY SUPERINTENDENT	
	Date: 11-23-05
	Date:
Comments:	
14. SUPERINTENDENT	
Superintendent Approval Signature:	Date: 11-23-05
Comments:	
V	
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INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Recommended Supplemental Educational Service Providers November 16, 2005

Alkebu-Lan Village 7701 Harper Detroit, MI 48213